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**\*\* CONTINUING DATA** *DSH***\*\* FOREIGN APPLICATIONS** *DSH***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 05/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after
Verified and Acknowledged	<i>Dan B. Shaffer-Hawkins DSH</i> Examiner's Signature Initials
STATE OR COUNTRY	CA
SHEETS DRAWING	6
TOTAL CLAIMS	20
INDEPENDENT CLAIMS	5

**ADDRESS**

29989

**TITLE**

Isolation approach for network users associated with elevated risk

FILING FEE RECEIVED 2096	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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